Lassic 1 of 1 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. Also complete **□** Agent item 4 if Restricted Delivery is desired. □ Addressee Print your name and address on the reverse so that we can return the card to you. C. Date of Delivery Attach this card to the back of the mailpiece, 214 or on the front if space permits. D. Is delivery address different from item 1? ☐ Yes 1. Article Addressed to: D-No-If YES, enter delivery address below: Maadalaalaladdadl Zimmer Hester Furniture Liquidation Attn: Christopher Andonian 9 Moody Road, Building D. Ste 18 3. Service Type Enfield, CT 06082 Certified Mail ☐ Express Mail Registered Return Receipt for Merchandise Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes

(Transfer from service label)
PS Form 3811, February 2004

Domestic Return Receipt

7005 0390 0000 5265

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